Washington State Health Care Authority
Public Employees Benefits Board

Clear Form

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PEBB Medicare Advantage Plan Disenrollment Form

This is a request to cancel enrollment in a PEBB Medicare Advantage plan.

(Please print in black ink.)

I wish to cancel enrollment in *(check one)*:	
Group Health Cooperative ❑ Group Health Medicare Advantage **Kaiser Foundation Health Plan of the Northwest** ❑ Kaiser Permanente Senior Advantage	Effective date of change

The Health Care Authority must process this form. Your enrollment in a Medicare Advantage plan will end on the last day of the month after your medical plan receives this completed form.

If you are a retiree receiving benefits through the Department of Retirement Systems (DRS), the PEBB Program may share your information with DRS to better serve you.

HCA's Privacy Notice: We will keep your information private as allowed by law. To see our Privacy Notice, go to www.hca.wa.gov/pebb.

Subscriber's name	Date
Subscriber's signature	
Medicare number	
Spouse or registered domestic partner's name	Date
Spouse or registered domestic partner's signature	
Medicare number	

2016 PEBB MEDICAL CONTRACTORS

Group Health Cooperative, 320 Westlake Ave. N., Suite 100, Seattle, WA 98109-5233
1-888-901-4636 or TTY 711 or 1-800-833-6388

Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232-2099
1-877-221-8221 or TTY 711

Please return this form by mail to:

Washington State Health Care Authority
P.O. Box 42684
Olympia, WA 98504-2684

or fax to: 360-725-0771